

Strictly Confidential

Working Project: Exploring a different pilot market

CEMS – Masters in International Management

Nova School of Business and Economics - Masters in Finance

Business Project: Non-product Initiatives at Coloplast Wound Care

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#558

12 June 2014

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1 Context of the Business Project

1.1 Coloplast

Coloplast is a Danish healthcare company that develops products and services in the ostomy, urology, continence, wound and skin care markets. The firm has more than 40 wholly owned subsidiaries and employs more than 8,500 people. In 2013, an organic revenue growth of 7%¹ was reached and Coloplast recorded revenues of DKK 11,635 million.

1.2 Grasping the Growth Opportunity at Wound Care

The Wound Care Business Unit (WCBU) represents only a small part of Coloplast's turnover. However, this year's first quarter figures show an organic growth rate of 17% (Coloplast Corp., 2014), the highest out of all the company units. This proves that wound care is Coloplast's major growth opportunity and that the turnaround of this unit, from 0% growth between 2012 and 2013 (Coloplast Corp., 2013), has been completed. In order to capture this opportunity in the Wound Care Market (WCM), Coloplast has been professionalizing its approach to the market. The key component of this process is the recently completed Global Value Proposition (GVP), which will allow the company to position adequately in the market, while overcoming past growth barriers. This GVP "Fewer Days with Wounds" has a twofold focus, with both Health Care Professionals (HCPs²) and patients being in the center of the whole strategy.

1.3 Non-Product Initiatives at Coloplast Wound Care

As a result of research conducted to support the new GVP, Coloplast found out that an effective way to address the needs of the target groups would be through Non Product Initiatives (NPIs)³. These NPIs should be aimed at ensuring better wound assessment, convenience of use and deeper knowledge for HCPs, while empowering patients. Thus, Coloplast needs to decide exactly which NPIs should be introduced in the next two-to-three years, knowing that Brazil was elected as the pilot market for this endeavor. As such, the objective of the Business Project was to recommend Coloplast on which NPIs to implement.

1.4 Wound Care Market

The WCM is typically divided into chronic (non healing, typically result of an underlying condition) and acute wounds (follows a normal healing process for generally less than eight weeks). In terms of products, the market comprises traditional dressings and other

¹ Information not yet public.

² Includes nurses, doctors, home care nurses, wound experts, healthcare communities, therapists and other specialists that provide care for the patients' wounds.

³ NPIs are services rendered that complement the usage of the traditional wound care products. The terms NPIs and services are used interchangeably.

advanced wound care products that actively help the healing. Coloplast works in advanced wound care, in which HCPs (through the purchase departments of medical units) are the main decision makers and patients seldom have a saying word. The main competitors in this market are: Kinetic Concepts, Smith & Nephew, Convatec, and Mölnlycke (Espicom, 2010). Research showed that several competitors offer similar products without much differentiation (ReD Associates, 2014), which explains why services are set to drive this market.

1.5 Recommendations

Based on an array of service development theories, a framework was proposed to serve as a basis for the project (Appendix I). It dictates that the NPI development process should follow these steps: understanding the customer needs; identification of existing services and generation of new ideas (using the adapted Ansoff Model); classification of ideas (using the REP Model); development of service concepts (groups of NPIs that provide similar benefits to the customers); study the pilot market; select the most appropriate service concepts; evaluate individual NPIs within the selected service concepts on 5 dimensions (value, capability, potential for differentiation, cost effectiveness, potential for global scale implementation); and prioritize the implementation of the highest average scoring one. Coloplast was recommended to use this model whenever a similar challenge comes up.

The analysis yielded six NPIs for Coloplast to implement: creation of an online community for patients and HCPs; introduction of an printed welcome package to patients; the development of an HCP Unit Locator; the creation of a Treatment Facilitator Tool; the introduction of a Documentation Tool; and a redesign of the product packaging. Based on interviews and research, these NPIs were graded in the abovementioned 5 dimensions. Assuming all dimensions are equally important; the product packaging redesign had the highest score, which suggests that it should be the first to be implemented. Coloplast was recommended to crosscheck the suggested grades and assign weights to the dimensions (according to their importance) in order to confirm which NPIs should be prioritized.

In parallel, the analysis of the existing NPIs throughout Coloplast's subsidiaries showed that there are several high quality initiatives within the firm, and these should be leveraged upon. Besides, the classification of the existing NPIs with the REP model (Relational-Educational-Procedural) reveals that Coloplast is currently focusing mainly on educational services to HCPs, lagging in what concerns education of patients; relational and procedural services.

2 Exploring a Different Pilot Market

2.1 Is Pilot Marketing the Appropriate Strategy?

The first question that one might pose regarding the path taken in the Business Project is whether or not it makes sense to pursue a pilot market strategy. Pilot marketing, or test marketing as literature more often refers to, is the scientific controlled experimental procedure that provides the opportunity to test a new product or service under realistic marketing conditions in order to obtain insights into its potential performance (Zikmund, 1997). When taking this definition of pilot marketing, one may argue that it seems appropriate that Coloplast test the NPIs to understand their real potential.

However, the abovementioned definition lacks the perspective that the subsequent step after successful pilot marketing is to implement the same or a very similar product or service in the broader market (Mitchell, 2009). As such, one has to reflect on the similarity of the Brazilian market and all other markets where Coloplast is present and looks forward to implement the NPIs to reinforce its GVP. Coloplast argued that the emerging markets like Brazil are actually not different than the most developed European or American markets, they are just lagging a couple of years in time. The idea is that emerging markets are developing at higher rates than the others, which means that they will soon converge with the most developed ones. Notwithstanding Coloplast's point of view, during the course of the project, the interviews with internal stakeholders from different subsidiaries revealed that the different countries are quite distinct in their needs, habits and legislations.

An alternative to the pilot marketing would be to initiate a whole new process (Appendix I) in every each market where Coloplast decides to implement NPIs. This would probably yield more appropriately tailored services to specific markets but also be much more time and resource consuming. For this reason, it then makes sense to pilot this endeavor in a specific market and then try to mimic it elsewhere, as long as the specificities of new markets are taken into consideration.

2.2 Brazil as the Pilot Market

Given that it is now clear why Coloplast decided to apply a pilot market strategy, it is interesting to dwell on the selection of the market. A given element of the Business Project was that Coloplast wants to pilot the NPIs in the Brazilian wound care. Even though understanding why was not part of the challenge proposed, the project execution shed light on several reasons that justify Coloplast's choice.

After an unsuccessful strategic move, Coloplast decided to revisit its strategy in 2012. With the objective of increasing growth, one of the main elements in the new strategy is to expand and grow on emerging markets. In this sense, the company took a closer look into Brazil and China, which explains why the choice of Brazil as the pilot market. In fact, the country shows very appealing macroeconomic indicators. Brazil is estimated to be the world's fifth largest economy already in this decade and, in the last three years, 40 million Brazilians entered into the middle class (Pwc, 2013).

At the same time, demographers expect the aging process to accelerate during the next two decades (Euromonitor International, 2014). Both factors are set to contribute to the expansion of the WCM as age and buying power were found to be correlated to the underlying diseases (e.g. diabetes) that often implicate the development of wounds (Toft, 2014a). Furthermore, Brazil was chosen due to the advantageous position that Coloplast currently holds in the market. The company has a market share of 11% and is the only player that has recently developed a dedicated setup, i.e. a specific sales team for wound care.

However, if one wants to think about the setbacks of Brazil as a pilot market, there are several important realities that need to be touched upon. Local managers stated: "a big part of the demand for services from the hospitals is training because they buy the product and want to avoid misuse" (Barbosa, 2014). Given that the main need is educational, it is doubtful whether or not there is the market need for the relational and procedural NPIs suggested. If not, knowing that Coloplast does not want to focus on education in this project, Brazil may not be the most adequate pilot market.

Furthermore these words are becoming more and more common in Brazilian cities: "I don't want the Cup, I want money for health and education" (Yahoo Sports, 2014). The social unrest surrounding the World Cup has been increasing the levels of political tension and unrest. Also, these protest are based on the channeling of governmental budges to the construction of football stadiums, instead of investing in developing healthcare, which blocks the further development of Coloplast and its highly advanced offerings. Finally, even though the demographics seem to be an attractive factor of the Brazilian market, local experts argue that the majority of the wounds happen in to poor people (Barbosa, 2014). This would mean that all the patient-centric NPIs that may be developed have to cater for people with low monetary power and probably lower levels of education.

2.3 Selecting a Different Pilot Market

At this stage, it has been made clear that Brazil, despite its numerous advantages, also poses relevant challenges as a pilot market. As such, it is interesting to try to understand what other markets could have been selected as a pilot market.

According to Mitchell (2009), the objective of selecting a pilot market is to identify a region that represents the larger area where the project is going to be introduced. The ideal pilot market is ideally not too small (might risk the significance of the results) or too large (might create logistical and cost problems). Mitchell (2009) also defends that several factors should be considered when selecting the pilot market, for example:

- *Demographics*: income levels; average age; male-female ratio; race; ethnicity; etc.
- *Geography*: climate; location; transportation
- *Social trails*: buying habits; brand preferences; etc.
- *Competitive characteristics*: number of competitors and their relative strength

As it was clear in the choice of Brazil as the pilot market, demographics should be taken into consideration for Coloplast. At the same time, geography is also important for selecting the best pilot market for NPIs in wound care, as climates can correlate to underlying diseases that generate higher wound propensity. The social trails, mainly the habits and preferences should also be factored in to avoid the selection of a naturally biased market. Also, the competitive characteristics are important because, for example, an oligopoly may have specific dynamics that deter the detection of the cause-effect relation of the object being tested.

Apart from these suggested factors, one can add others which may as well be decisive. Actually, understanding the firm's capabilities in the pilot market is crucial and Coloplast did that when selecting Brazil. The fact that Coloplast was the only player with a dedicated sales team for wound care in Brazil was pivotal to the selection of this market. Furthermore, it is important to take into account the legal constraints related to the product or service being tested in the pilot market. On this account, it is also crucial that the legal differences between countries be assessed in order to avoid problems in extrapolating the service from the pilot market to the broader one.

At this point, having understood several main factors that should be taken into consideration, follows the identification of the potential markets in which Coloplast could pilot the implementation of NPIs.

Since the capability of subsidiaries has been clarified as an important factor on the selection of the pilot market, the most advanced subsidiaries in terms of NPIs in wound care can be considered especially interesting. In this sense, in the status quo analysis pursued during the project, it became clear that the most developed subsidiaries in terms of NPIs in wound care are the UK and Germany ones. It would also make sense to include Denmark in this group, as the headquarters should also have a decent understanding of the topic. However, this is not really the case, which also explains why we were asked to do this Business Project. On a different level, it also became clear that one of the main reasons why Brazil was elected was its emerging market potential. For this reason, China, the other market in which Coloplast is highly interested, should also be considered for pilot market. As such, a quick and intuitive analysis dictates that the three markets with the highest potential to serve as pilot are: UK, Germany and China.

2.3.1 UK and Germany

The UK has, in line with Germany, the widest portfolio of NPIs, covering all three segments of the relational, educational and procedural spectrum. These NPIs include several ones that are technologically advanced (e.g. Dress Selection App) and the feedback received on their performance confirms that this market is opened to these types of innovation, despite of the typical age argument against them (most wound patients are old so they cannot use technology appropriately). Also, when being interviewed, local managers from both countries showed knowledge and enthusiasm about NPIs. This level of commitment proves that they understand and believe that NPIs will be decisive drivers of the WCM.

The major problem with these European markets is that they have been experiencing slower levels of growth in the past few years, while the pricing has been declining due to the pressure from healthcare funding (Espicom, 2010). Besides, competition in these markets is fierce due to the growing number of competitors with highly advanced NPIs (*ibid.*)

2.3.2 China

When it comes to China, the advanced wound care market, in which Coloplast competes, was sized at 400-500 million DKK in 2012 (Toft, 2014b). From the status quo analysis, it became clear that, in Asia, NPIs are not as common as in other regions, which may provide Coloplast with a first mover advantage, but may also constitute a major hurdle for successful implementation.

On a different notice, Coloplast internal data on the approach to the Chinese market showed that local R&D capabilities are improving at a low cost, which may trigger the innovation process (*ibid.*). However, the difficulty of entering in this market was also reflected in this internal data, where Coloplast recognizes that it may have to partner with other multi-national companies, in order to have an adequate position in this market (*ibid.*). Only then, with a well-established position in the market, it would make sense to pilot the NPIs endeavor in this market.

2.3.3 Suggested Market

Out of the three suggested new pilot markets, one can argue that the UK would be the best choice. In fact, all three would cater to the overall new strategy – UK and Germany for the desired continued growth in core markets in Europe, and China for the target growth in emerging markets. In terms of market size, it is defendable that China is the largest one due to its number of population. However, as pointed out for Brazil, it is not clear if this market already has the infrastructure necessary for an appropriate implementation of NPIs. Besides, this is a country with a complete different culture than the Western one and so, the assessment of the market needs and openness to innovative NPIs, may be more challenging than in other places.

In between UK and Germany, the market characteristics seem to be somehow similar and the capability of Coloplast in those markets is up to the same level. As such, there is one reason that may balance the decision towards the UK – language. In fact, by being the world’s most spoken language in the corporate world, it seems to be more appropriate to select an English speaking country for a pilot market, in order to facilitate the ideal extrapolation from the pilot to the broader market.

However, one should note that this analysis is limited to the available information regarding the 3 markets and it is fair to assume that, for instance, the Germany and UK markets have more distinct features than just the language. Furthermore, the regulatory environment is assumed to be similar between UK and Germany, which may not be truth.

2.4 Non-Product Initiatives at the New Pilot Market

Having suggested the UK as a alternative pilot market for the implementation of NPIs, it is now interesting to understand if the change in pilot market would result in different suggested NPIs than the ones in the Brazilian market.

The process of selecting service concepts, specific NPIs and subsequent classification of these in 5 different dimensions would have to be conducted from the beginning in order to have a complete tailored solution to the UK. Yet, a more holistic view is taken and so only the major differences will be presented in this section.

The most obvious difference if the UK was the pilot market is the suggested Documentation Tool. Even though the need for a solution in documentation is a global trend, it was especially crucial for the Brazilian market because in this market the need is very intense and no other competitor offers it. Besides, the UK market has several players specialized in offering documentation tools that may apply to wound care (e.g Nuance, Docman, 3M, etc.) which would clearly reduce the grade given for the potential for differentiation dimension. Yet, if Coloplast finds the means to get associated (e.g. partnership) with providing a documentation tool for wound care, this may still be beneficial.

Another main difference is the relevance of the de-hospitalization trend in the UK. Whereas in Brazil this was identified as a surging trend, it is already at “full-gas” in the UK, which explains why it is the leading mobile health market in Europe (PwC, 2012). This has two implications. On one hand, the NPIs targeted at creating a homecare service for wound care could have been developed (leveraging on the already existing CARE and SIEWA program). On the other, the proposed treatment tools, specially the treatment facilitator tool and the HCP unit locator, are even more relevant as they facilitate remote monitoring of wounds and the de-hospitalization process.

Furthermore, the implementation of a welcome package for customers would involve a deep analysis of the regulatory environment, as the European countries tend to be stricter on this type of policy (e.g. companies can address patients directly in Brazil but not in Germany).

Overall, the selection of UK instead of Brazil for the pilot market of the NPIs would have a clear impact on the prioritized initiatives. Even though almost all six suggested initiatives would still be valuable in the UK, their grades in the 5 dimensions would change. This would mean that, when computing the weighted average grade of the initiatives, a different ranking would show up. Yet, it is interesting to understand that some initiatives, like the packaging redesign, would still be highly valuable for a completely different market, proving that this solution really does target a global market need (convenience of use).

3 Learning Reflection

3.1 Relation to the MSc. in Finance Curriculum

Throughout the course of the Business Project, the wide set of skills acquired during the MSc. in Finance was extremely helpful. Even though the scope of the project was not related to Finance, what I learned in this program had a clear impact when tackling the challenges faced by Coloplast. After having experiencing a very hands-on approach in the courses taken at Nova School of Business and Economics, I was able to feel comfortable with working in teams and face tight deadlines, while showcasing reliable and high quality results. At the same time, the presentations that I frequently had to hold at Nova, made it easier to communicate and manage the project in cooperation with the Academic Advisor, the company representatives and all other stakeholders. More specifically, the knowledge acquired during the Applied Corporate Finance course, i.e. having to place equal importance to a report that recommends a solution to a well defined corporate problem while leaning on theoretical frameworks studied before hand, was definitely an asset which I leveraged upon.

3.2 New Knowledge Acquired

This project offered me the opportunity to complement my financial background with knowledge of marketing and strategic planning. In fact, most of the theory behind the project was new to me, even though my BSc. in Management covered marketing and strategy topics.

I was able to develop my knowledge about two main topics: hybrid offerings and new service development. Regarding hybrid offerings, I had the idea that only some companies used both the products and services in a complementary way. However, I was not acquainted with the fact that most companies no longer offer only pure products and services (Ritter & Anderson, 2014) and that this combination is crucial for generating competitive advantages (Uлага & Reinartz, 2011). In terms of new service development, this project made me familiar with different frameworks, proposed by Tatikonda & Zeithaml (2002), Shankar et. al (2007), and Frambach et. al (1997). These models were merged and combined with project specific steps and gave origin to the model presented in Appendix I. Finally, it was also the first time I have seen the Ansoff (1957) matrix, a very simple yet insightful model.

3.3 Personal Experiences

I believe that the Business Project was the appropriate set to apply and develop further my strengths, while improving some weaknesses. Overall, taking into consideration the feedback from my group members, I feel extremely positive about my performance,

especially for having managed to overcome the prejudice of how Portuguese people work. In fact, several times my group members told me “I had a complete different idea of Portuguese people, I thought you were all laidback and not so performance oriented”, which lets me believed that I transmitted the idea that we are as good as anyone else in whatever we want.

In what concerns my personal impact, I believe that my contribution was extremely important in the definition of the project scope and the structure of the analysis. I used the problems solving skills I developed during my internship at McKinsey & Company, and proposed the analysis of 3 components (status-quo, competitors and other industries), which my teammates, the academic advisor and the company representatives agreed with. I also proposed the criteria (value, capability, potential for differentiation, and cost effectiveness) used to analyze the different NPIs, something that was welcomed and praised by Coloplast. As such, I believe that my strong strategic thinking and problem solving skills helped me overcome my initial lack of knowledge in marketing topics. Besides, I believe I could have been better at delegating important parts of the project to others. I took responsibility for several key parts of the analysis, which create an unbalanced workload among the group members. This made it challenging to meet internal deadlines, which is why I realize that I have to communicate and articulate better with others to be able to delegate effectively.

3.4 The Benefit of Hindsight

Following the feedback from the final presentation held to Coloplast, the results of the project were extremely positive. I believe that the most valuable recommendations are the proposed service development framework and the insight from the status quo analysis. The framework includes several components from previously published renowned authors and I regard it as easy and intuitive to apply, come a similar future challenge. Regarding the status quo analysis, it is my understanding that Coloplast did not have a greater picture of the existing NPIs throughout the firm. In fact, successful in-house models can be relatively easily transferred to new subsidiaries, without some risks of complete new developments. Finally, I also think that the six proposed NPIs are highly valuable, especially if it is possible to implement them with the features suggested. However, I feel that a deeper analysis of the match between these services and the Brazil market could have been done. This was not possible due to the limited amount of information, which provides another reason for selecting a different pilot market for the implementation of the NPIs.

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5 Appendix

Appendix I – Proposed Service Development Process

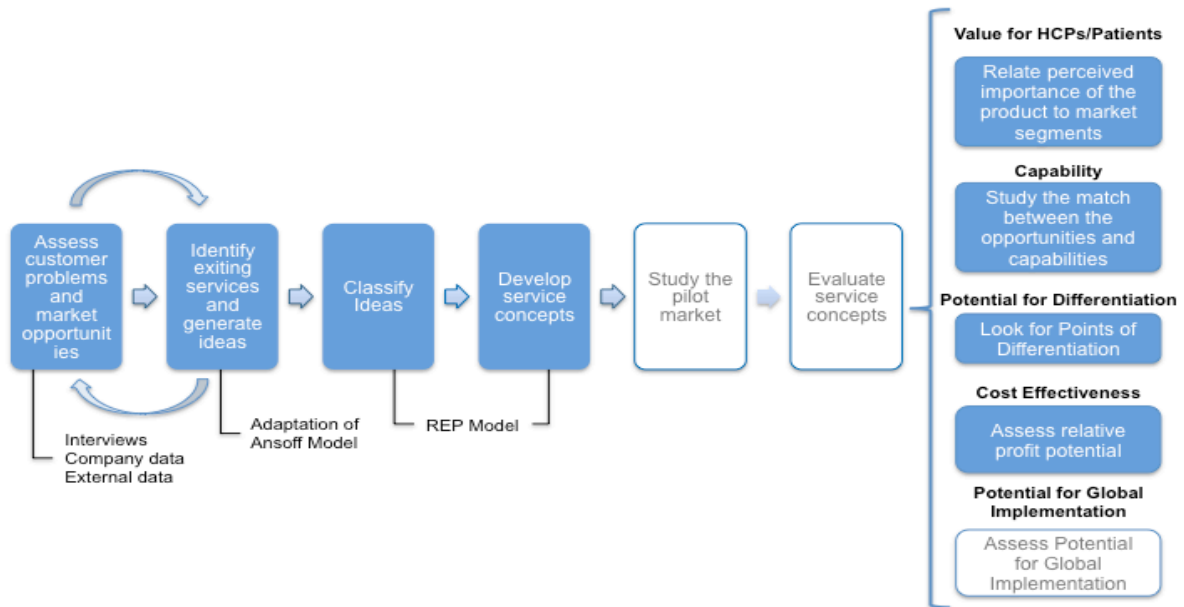
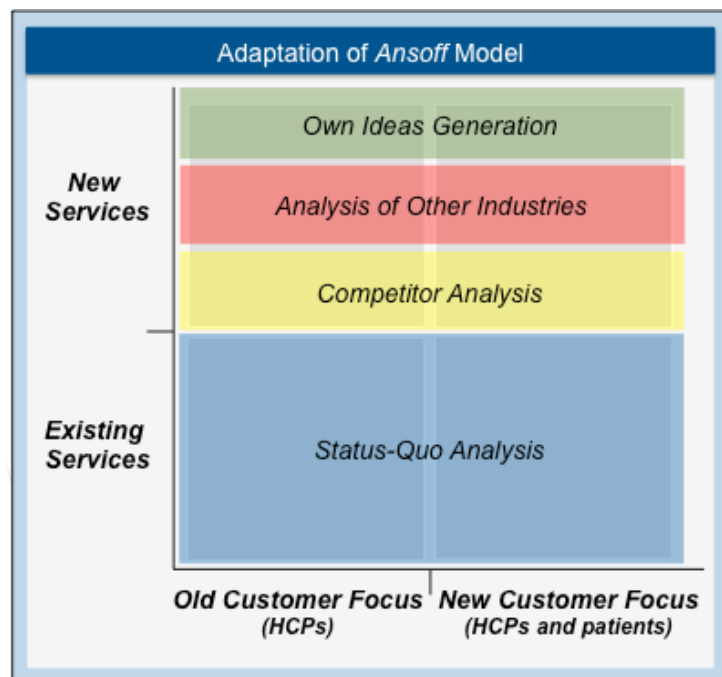


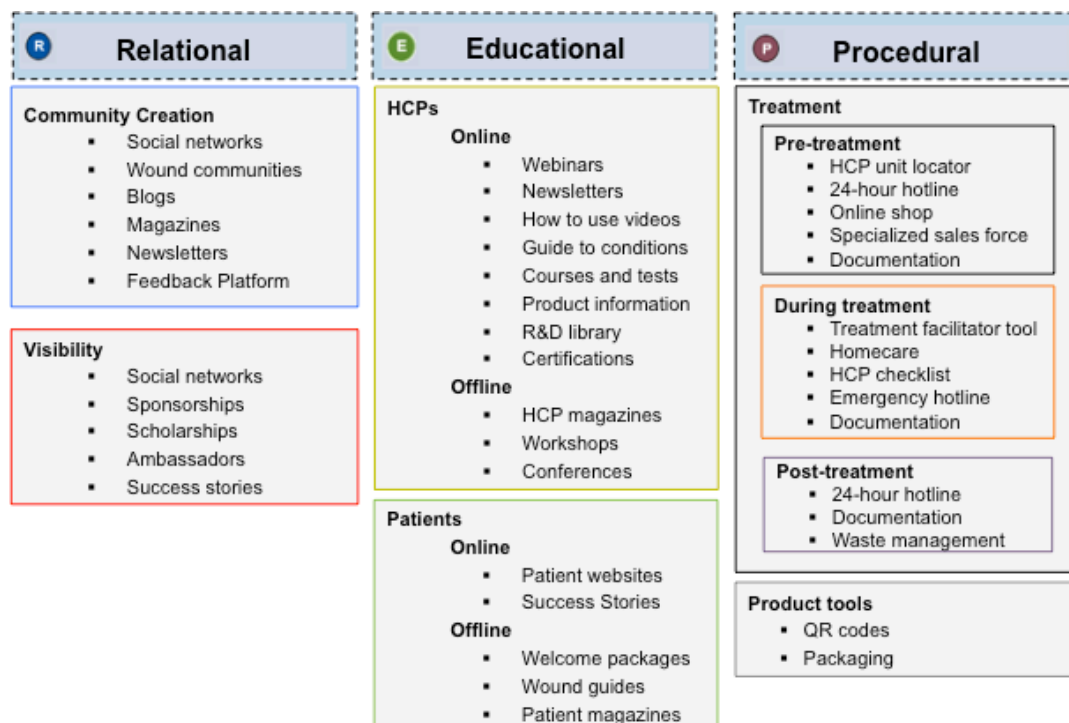
Illustration of proposed service development framework for Coloplast WCBU
(Source: Own Illustration)



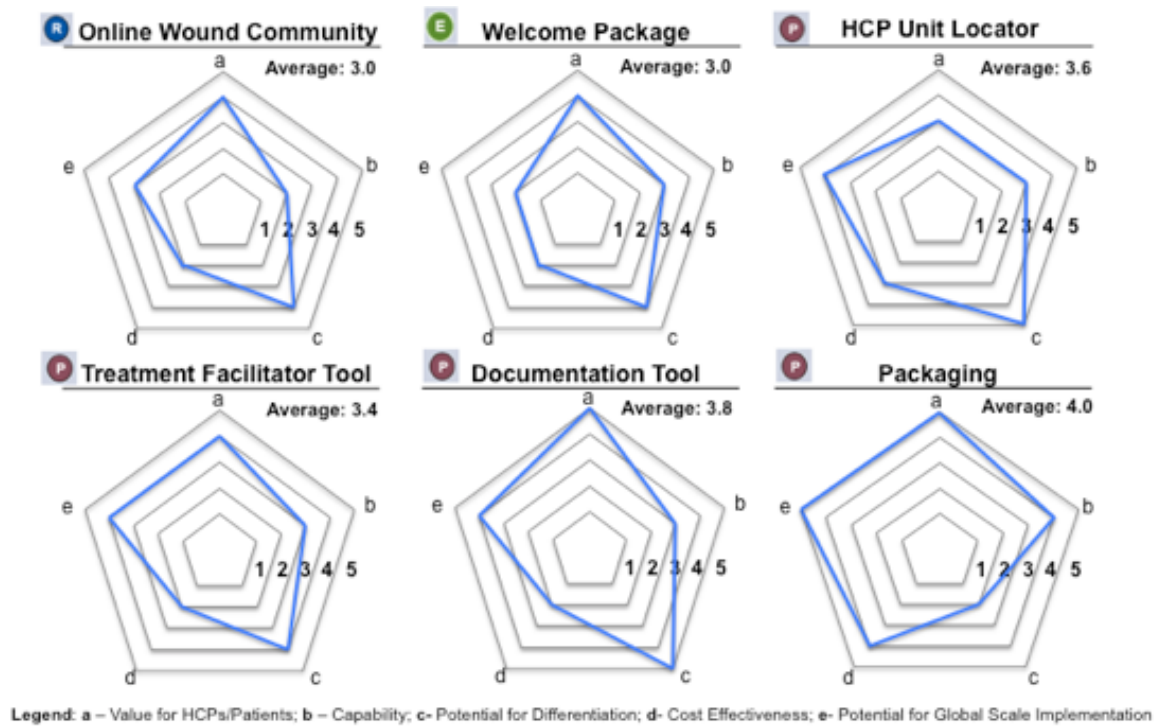
Adaption of the Ansoff model
(Source: Own illustration based on *Ansoff, (1957)*)

Dimension	R Relational	E Educational	P Procedural
Objective	Trust, reputation	Knowledge	Productivity
Description	Social ties are channels for information and resources flow. They build trust and reputation, which are crucial for sustainable cooperation among HCPs, patients and Coloplast.	WC-related problems become more specific and solutions more complex. Sharing expertise increases industry-wide knowledge, fosters innovation and competitiveness.	In order to increase productivity, assistance has to be transmitted and managed through different channels at the right time and place. Procedural services facilitate the routine of HCPs and patients.
Examples	<ul style="list-style-type: none"> Success stories Welcome package Wound community 	<ul style="list-style-type: none"> Webinars Conferences Guidelines 	<ul style="list-style-type: none"> Treatment facilitator tool HCP unit locator Documentation tool
Related theoretical frameworks	<ul style="list-style-type: none"> Tsai/Ghoshal (1998): Relational dimension of social capital 	<ul style="list-style-type: none"> Glückler/Hammer (2011): Knowledge-intensive services 	<ul style="list-style-type: none"> Maleyeff/Venkateswaran (2009): Classifying services processes

Overview of the project-specific categorization of services (REP)
 (Source: based on Tsai & Ghoshal (1998); Glückler & Hammer (2011); Maleyeff & Venkateswara (2009))



Connection between the service concept and the REP model
 (Source: Own illustration)



Overview of all individual and average scores of selected NPIs
(Source: Own illustration)